From-SIMBAS LTD

416595 7306

	PTO/SB/17 (12-04)
	Approved for use through 07/31/2006. OMB 0651-0032
	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
deaths Benerical Reduction Act of 1995, 80 0	arsons are required to respond to a collection of Information unless it displays a valid OMB control number

FEE TRANSWITTAL  FOR FY 2005    Application Number   Name	Under the Panerwork Reduction Act of 1995 no nersons are required to respond to a collection or information links is declared a value come symmetry.						
FEE TRANSMITTAL For FY 2005    Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   Fred M. Teskin	Effective on 12	Complete if Known					
Applicant claims small entity status. See 37 CFR 1.27		Аррифевон и аптост					
Applicant claims small entity status. See 37 CFR 1.27							
Applicant claims small entity status. See 37 CFR 1.27	For FY	<sup>'</sup> 2005	First Named Inventor	<del></del>	at al		
METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Momey Order   None   Other (please identify):   Deposit Account Number   192253   Deposit Account Name, Sirn & McBurney   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s) indicated below; except for the filling fee   Charge fee(s)   Eee (s)   Eee (s)   Eee   Shall Entity   Charge fee(s)   Eee   Shall Entity   Eee	D 27 CFD 4 07		Examiner Name	Fred M. Teşkin			
Check			- Art Unit				
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number: 192253	TOTAL AMOUNT OF PAYMENT	(\$) 300.00	Attorney Docket No.	1811-228 MIS:jb			
Deposit Account Deposit Account Number   192253   Deposit Account Name; Sim & McBurney	METHOD OF PAYMENT (check all that apply)						
Deposit Account   Doposit Account Numbor   192253   Deposit Account Namo; Sim & McBurney	Check Credit Card Money Order None Other (please identify):						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) Indicated below   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated and the submitted part of the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee(s) Indicated below, except for the filling fee   Charge fee   Ch		•	Deposit Account N	<sub>lamo:</sub> Sirn & McBurne	<b>a</b> y		
Charge fee(s) Indicated below    Charge any additional fee(s) or underpayments of fee(s)   Charge any additional fee(s) or underpayments of fee(s)   Charge any overpayments	For the above-identified det	nosit account, the Director is h			-		
Charge any additional fee(s) or underpayments of fee(s)  WARNING: Intermetion on this form may become public. Credit card information should not be included on this forms. Provide credit card information and sutheritation on PTC-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (S) F							
MARNING: Internation on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTC-2038.    FEE CALCULATION							
Page   Paid   Page   Paid   Page   Paid   Page   Paid   Page	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Cradit card information should not be included on this form. Provide credit card						
BASIC FILING, SEARCH, AND EXAMINATION FEES							
Small Entity   Small Entity   Fee (\$)   Fee		ND EXAMINATION FEES					
Utility   300   150   500   250   200   100   100   100   50   130   65	FILI	ING FEES SEA	ARCH FEES EXA				
Utility   300   150   500   250   200   100   100   100   100   50   130   65	Application Type Fee	(\$) Fee (\$) Fee	(\$) Fee (\$) <u>Fe</u>		Fces Paid (\$)		
Design   200   100   100   50   130   65		<u></u>					
Plant   200   100   300   150   160   80				10 65			
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				50 80			
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				= -			
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fe	1001004-						
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claims  Total Claims  Each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 specification, \$130 fee (no small entity discount)  Other:  Tee (5) Fee (5) Fee (5) Fee Paid (5)  Multiple Dependent Claims  Multiple Dependent Claims  Fee (5) Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)	110/15/04						
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  200 100  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  House, Claims  Extra Claims  Fee (\$)  Fee Paid (\$)	Eee (\$) Fee (\$)						
Multiple dependent claims  Total Claims  Pee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Stra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 20  Indep. Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Indep. Claims  Fee Paid (\$)  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						
Total Claims	Each independent claim over 3 or, for Reissnes, each independent claim more than in the original patent 200						
27 -20 or HP = 6 x 50.00 = 300.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greator than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -3 or HP = x = 0  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x =   4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other:	Multiple dependent claims						
HP = highest number of total claims paid for, if greator than 20  Indep. Claims	27 - 20 or HP = 6	× 50.00 = 300		ee (\$) Fee Paid	<u>l (\$)</u>		
HP = highest number of Independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	HP = highest number of total claims p	ald for, if greator than 20		0			
HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Cround up to a whole number) x  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other:			<u>e Paid (\$)</u>				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  [Fee (\$)]  Fee Paid (\$)  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:  Other:							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	3. APPLICATION SIZE FEE						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)						
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:							
Non-English Specification, \$130 fee (no small entity discount)  Other:							
Other:	Non-English Specification, \$130 fee (no small entity discount)						
Registration No. 24 072 Telephone (446) 505 4455	SUBMITTED BY Signature	1 the most	Registration No. 24.97	3 Telephone	(416) 595-1155		
Name (Print/Type) Michael I. Stewart (Attomey/Agent) Date 12/21/04	(Attorney/Agent)				<del></del>		

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiallly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandra, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioners for Patents B.O. Roy 1450, Alexandra VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.